

#### LOUISIANA DEPARTMENT OF INSURANCE

## JAMES J. DONELON COMMISSIONER

#### **BULLETIN 2017-04**

TO: ALL HEALTH INSURANCE ISSUERS AND HEALTH MAINTENANCE

**ORGANIZATIONS** 

FROM: JAMES J. DONELON, COMMISSIONER

RE: DEADLINES FOR HEALTH INSURANCE ISSUER AND HMO

SUBMISSIONS OF FORM AND RATE FILINGS & PLAN

MANAGEMENT BINDERS

DATE: APRIL 5, 2017

The purpose of Bulletin No. 2017-04 is to inform all health insurance issuers and health maintenance organizations (issuers) of the requirements relating to the time and manner of product form and rate filings and ancillary matters.

No policy of health and accident insurance, nor any endorsements, riders or applications appertaining thereto, nor the rates used in connection therewith may be delivered or issued for delivery in this state unless they are filed with the Louisiana Department of Insurance (LDI) for approval pursuant to La. R.S. 22:861, 972, and 1092. Qualified Health Plans (QHPs) constitute policies of health and accident insurance that are delivered or issued for delivery in Louisiana. Consequently, all health and accident policies or plans submitted for certification as a QHP must also be filed with the LDI for approval and shall be reviewed for compliance with the Louisiana Insurance Code and with federal law, as explained herein.

Louisiana remains a Federally-Facilitated Exchange or Marketplace (FFM) or a Federally-Facilitated Small Business Health Options Programs (FF-SHOP) state. Therefore, the Centers for Medicare & Medicaid Services (CMS) will be responsible for certification of plans being offered via the FFM and FF-SHOP in Louisiana.

Notably, the LDI adopted the Plan Management functionality in SERFF and will again require health insurance issuers to use the Plan Management functionality in SERFF for submission of requisite data for plans offered on and off the FFM or FF-SHOP for plan/policy year 2018 using the binder process. The information required to be submitted via the Plan Management functionality in SERFF for the 2018 plan/policy year is substantially the same as that required for the 2017 plan/policy year.

In addition, the LDI continues to require the submission of health product form and rate filings using the Filings functionality in SERFF that allows the LDI to review product form and rate filings that result in policies or plans that will be delivered or issued for delivery in Louisiana.

### I. Product Form and Rate Filings via SERFF Filings Functionality

#### A. Product Form and Rate Filing Procedure

All products delivered or issued for delivery in Louisiana must be filed using the SERFF Filings functionality. These include the filing of grandfathered (GF) products and non-grandfathered (NGF) products for the large group market, small group market, individual market, limited benefit or excepted benefit products, and/or any other products permitted in Louisiana. This also include rate filings.

#### B. Amendments to Product Form Filings

The requirements of Regulation 78, LAC 37:XIII.Chapter 101, remain in effect for product form filings. Thus, should issuers elect to amend any prior-approved forms, a red-lined version of the form filing must be provided to the LDI for review and approval prior to use. The red-lined document should consist of a complete document that clearly identifies and delineates all amended portions of the affected document.

Regulation 78 permits an amendatory filing if the insurance product to be altered was originally certified or granted affirmative approval in SERFF. If the amendatory filing will alter a product that was not originally certified or approved in SERFF, then a complete filing is required, as is set forth in Regulation 78. Strict compliance with this requirement is required for all issuers.

### C. Statements of Compliance

A statement of compliance for all product codes is required to be submitted by issuers with any product form filing submitted using the SERFF Filings functionality. The statements of compliance for the product codes for all health product types are located on the LDI Product Filing Matrix at http://ia.ldi.state.la.us/productmatrix/. The specific statement of compliance for each product type can be accessed by searching for the appropriate corresponding product code.

### D. State-Specific Tab Instructions

All issuers should note that they are to submit the information sought in the State-Specific tab of the SERFF Filings functionality. Failure of an issuer to complete this portion of a product form filing, including, but not limited to, transitional plan submissions will result in disapproval of the product form and/or rate filing. Updates to these instructions occur on an as-needed basis, so review of these requirements as of the time of submission of each product or rate filing is advised.

# II. Qualified Health Plan Certifications and Plan Binder Filings via SERFF Plan Management Functionality

#### A. Selection of Correct SERFF Filing Type

On & Off FFM or FF-SHOP Product Form and Rate Filings

All product forms and rates for products submitted for sale on and off the FFM or FF-SHOP are due on June 21, 2017, and must be submitted in the same filing under the SERFF Filing Type: Form/Rate. Failure to submit the filing as a Form/Rate filing will result in the filing being disapproved.

#### B. Qualified Health Plan Certification & Recertification

QHP certification and recertification will be conducted by CMS. Issuers that wish to have plans certified or recertified for sale on the FFM or FF-SHOP must submit a QHP application to CMS via the Health Insurance Oversight System (HIOS) in accordance with deadlines established by CMS.

#### C. Filing of Plans in Binders Using SERFF Plan Management Functionality

#### (1) On FFM or FF-SHOP Plan Filings

A duplication of portions of the filing of each QHP application submitted to the Louisiana FFM or FF-SHOP in HIOS must be made using the Plan Management functionality in SERFF and the binder process for every health insurance plan delivered or issued for delivery in Louisiana. The items that must be submitted using the SERFF Plan Management functionality and the deadlines for such submissions are set forth at Part III below.

Each submission of a plan using the binder process should include a reference or identifier to the plan submitted via HIOS to allow a reviewer to determine which plan submitted in SERFF is the corresponding plan submitted via HIOS. These filings should include all Stand-Alone Dental Plans (SADPs). Where recertification of a previously-approved submission is sought, the LDI expects to receive the same items indicated at Part III below that were considered by CMS during the recertification of the QHP through the Plan Management functionality in SERFF.

The LDI expects updated templates to be attached to the binder as corrections and/or changes are made to a template after the initial submission.

The submission of any information to the LDI via SERFF's Plan Management functionality does not alter any federal requirement. Issuers should submit all necessary information to the federal authorities as required by applicable federal law.

#### (2) Off FFM or FF-SHOP Plan Filings

All submissions of non-grandfathered plans delivered or issued for delivery in Louisiana that will be offered off the FFM or FF-SHOP must also be made utilizing the binder process of the Plan Management functionality offered in SERFF and must include the same templates and other information and meet the same deadlines described at Part III below. This requirement applies to non-grandfathered filings in the individual market, non-grandfathered filings in the small group market, and SADPs.

#### (3) Other SERFF Plan Management Functionality Requirements

Each health insurance issuer should submit one binder for the individual market and one binder for the small group market, whether offered on or off the FFM or FF-SHOP.

#### (4) Content Requirements and Deadline for Submission of Plan Binders

The requirements for the contents of and the deadlines for filing the binders for plans offered on or off the FFM or FF-SHOP with the LDI via the SERFF Plan Management functionality are set forth below. Note that the deadlines for submission of the information to the LDI does not affect or alter any deadline for submission of QHP applications to CMS via HIOS.

## III. Louisiana Department of Insurance Product Form and Rate Filings Timeline

June 21, 2017	Deadline for issuers to submit rate filings for all NGF products and plans offered for sale on or off FFM or FF-SHOP in the individual and small group markets to LDI for review.
June 21, 2017	Deadline for issuers to submit product form filings for all NGF product filings offered for sale on the FFM or FF-SHOP in the individual and small group markets and for issuers of all SADPs to submit product form filings to LDI for review.
June 21, 2017	Deadline for submission of required "Plans", "Templates", and "Supporting Documentation" for QHPs, SADPs, and plan filings offered on or off the FFM or FF-SHOP to LDI via SERFF

June 21, 2017

Deadline for issuers to submit product form filings for all NGF product filings offered for sale off the FFM or FF-SHOP in the individual and small group markets to LDI for review.

Plan Management functionality.

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September 4, 2017 Deadline for issuers to submit "Associated Schedule Items"

for QHPs, SADPs, and plan filings offered on or off the FFM

or FF- SHOP to LDI via SERFF Plan Management

functionality.

November 1, 2017 Open Enrollment date for FFM.

Priority is given during the review period to NGF individual and small group filings in order to meet the federally-imposed timelines. Thus, it is suggested that product form filings for all GF products and NGF large group products be submitted after August 1, 2017, if possible.

#### IV. Additional Guidance and Instructions

## A. Schedule of Benefits for Plans Submitted Using SERFF Plan Management Functionality

A plan-specific schedule of benefits for each plan offered on or off the Exchange (FFM) is not required to be submitted to the LDI using the SERFF Plan Management functionality for the 2018 plan/policy year. This does not affect any federal requirements regarding the submission of such documents.

# B. Summary of Benefits Coverage Submitted Using SERFF Plan Management Functionality

A Summary of Benefits Coverage (SBC) for each plan filed using the SERFF Plan Management functionality is not required to be submitted to the LDI using the SERFF Plan Management functionality for the 2018 plan/policy year. This does not affect any federal requirements regarding the submission of such documents.

#### C. Stand-Alone Dental Plans

The deadlines for submission of SADPs are the same as the deadlines for QHPs, non-grandfathered products in the individual market, and non-grandfathered products in the small group market. All SADP product filings using the SERFF Filings functionality are due on June 21, 2017.

All SADP binder process submissions using the SERFF Plan Management functionality must follow the same deadlines for and content requirements for QHPs, except the submission of Unified Rate Review Templates (URRTs) as part of the binder process is not required for SADPs.

#### V. Regulation and Review of Rates

The deadline for submission of rate filings is set forth at Section III, supra. The requirements for rate filings are those promulgated and published by the LDI in Directive 206 and any revised versions issued thereafter. Issuers should be aware that the review of rates, pursuant to the HHS Notice of Benefit and Payment Parameters for 2017 Final Rule, will occur at the plan level, and that the use of the Unified Rate Review Template (URRT) has been mandated without regard to whether the federal threshold for review has been met.

Additionally, the LDI mandates the use of a rating template in addition to the URRT. The contents of this additional rating template have changes for the 2018 plan/policy year. The additional rating template is available through SERFF.

Issuers are reminded that the use of family composite premiums in the small group market are governed pursuant to Bulletin No. 2015-02.

Due to federal time constraints, issuers are advised that responses to LDI inquiries and objections during the rate review process should be fulfilled within seven (7) days, which may be reduced further as final deadlines approach. All risk pools should be in final status by August 23, 2017.

Any permitted alterations due to final Risk Adjustment scores will be communicated to issuers through LDI staff.

#### VI. Effective Date

All issuers are directed to conduct themselves accordingly, bringing business practices into compliance with the purpose and intent of Bulletin 2017-04.

Baton Rouge, Louisiana, this 5th day of April, 2017

JAMES J. DONELON

COMMISSIONER OF INSURANCE